

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		1				
7		4				
8		1				
9		1				
10		4				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17	1					
18	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.		68				
TOTAL CLAIMS	71					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
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TOTAL DEP.												
TOTAL CLAIMS												